

# ST. LOUIS COUNTY RECOVERY PLAN PERFORMANCE REPORT

January 31, 2022



## EXECUTIVE SUMMARY

St. Louis County accepted the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) funds on July 17, 2021. Since then, in coordination with the St. Louis County Council, the Page administration has worked to appropriate funds to programs with an equitable impact in four primary components, Public Health, Economic Relief, Public Safety, and Revenue Replacement. It is St. Louis County's belief that by focusing on these four key areas, our residents will best be able to respond to the unprecedented challenges caused by this pandemic.

As of December 31, 2021, the St. Louis County Council has allocated nearly \$92 million of our \$193 million allocation in SLFRF funds, with \$91,996,792.00 of the \$96,415,000.00 (50% of Award) received in 2021 having been appropriated. The County Executive is working alongside the County Council plan to continue future allocations of the remaining funds.

The highlights of each component of our four priorities are detailed below:

**1. Public Health**

- a. **\$875,000** to fund a COVID-19 Vaccination Incentive Program which distributes gift cards to eligible residents who receive a vaccine at one of our vaccination clinics.

**2. Economic Relief**

- a. **\$5M** for support of eviction prevention efforts and housing stability services, including rental assistance programs.

**3. Public Safety**

- a. **\$5.12M** to fund a \$3.00/hour premium pay raise program for our Department of Justice Services employees.

**4. Revenue Replacement**

- a. St. Louis County will be allocating SLFRF dollars to fund essential government services to constituents to avoid the cutting of these services due to decreases in government revenue experienced during the pandemic.

In order to most effectively utilize the SLFRF funds while maintaining compliance with the rules and regulations from the Department of Treasury, St. Louis County has also allocated \$1 million to date in administration and legal costs to outside vendors.

## USES OF FUNDS

Through December 31, 2021, St. Louis County has allocated \$91,996,792.00 in SLFRF funds using the guidance provided by the Department of Treasury.

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### PUBLIC HEALTH (EC 1)

St. Louis County, being the most heavily populated County in the State of Missouri, faced numerous health impacts as a result of the pandemic. To best respond to those impacts St. Louis County is allocating a substantial portion of the SLFRF monies to address public health impacts.

St. Louis County also allocated \$875,000.00 for the support of a COVID-19 Vaccination Incentive Program, administered by the Department of Public Health and Department of Human Services. Under this program, \$500,000.00 is allocated for the purchase of \$100 grocery store gift cards, \$250,000.00 for \$50 gasoline gift cards, and \$125,000.00 in \$50 gift cards to support local restaurants, coffee shops, and other local businesses. These gift cards are distributed to any county resident who gets fully vaccinated against COVID-19 at a DPH vaccination event, while supplies last.

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#### NEGATIVE ECONOMIC IMPACTS (EC 2)

The COVID-19 pandemic represented more than just a public health crisis, with the economic impact affecting every resident in some way. To combat the economic impacts of this pandemic, St. Louis County remains committed to furthering equitable strategies to help our residents economically recover.

To further this goal, St. Louis County has allocated \$5,000,000.00 in SLFRF funds for the support of eviction prevention efforts and housing stability services. The County will use these funds in our Emergency Rental Assistance Program (ERAP) into an ERA 2 process that continues to help households stay in their homes.

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#### SERVICES TO DISPROPORTIONATELY IMPACTED COMMUNITIES (EC 3)

St. Louis County intends to provide all the services funded with SLFRF funds through an equitable lens which ensures those communities with the greatest need receive the greatest number of resources. While to date St. Louis County does not yet have an approved spending plan for this expenditure category, we intend to consider those items when making future funding allocations.

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#### PREMIUM PAY (EC 4)

St. Louis County has allocated \$5,121,792.00 in SLFRF funds to establish a premium pay program for certain employees of the Department of Justice Services. Under this 2-year program, eligible employees will receive a \$3.00 per hour premium pay, including corrections officers; corrections sergeants; corrections lieutenants; corrections captains; Prison Rape Elimination Act (PREA) coordinators; senior community corrections officers; community corrections coordinators; community corrections officers; corrections case managers; corrections classification specialists; volunteer coordinators; visitation, property, and bond specialists; visitation, property, and bond coordinators; visitation, property, and bond supervisors; corrections security coordinators; secretaries assigned to the transportation unit; and warehouse supervisors.

Though not yet approved, the County continues to consider premium pay programs for other eligible County employees throughout various County departments.

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#### WATER, SEWER, AND BROADBAND INFRASTRUCTURE (EC 5)

While to date St. Louis County does not yet have an approved spending plan for this expenditure category, we intend to consider those items when making future funding allocations.

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## REVENUE REPLACEMENT (EC 6)

St. Louis County will be allocating SLFRF dollars to fund essential government services to constituents to avoid the cutting of these services due to decreases in government revenue experienced during the pandemic. St. Louis County calculated its 2020 Revenue loss over the 2019 base as \$94,231,600. The calculation was made under guidance provided by the Treasury. County Council approved the use of \$80,000,000.00, with \$50,000,000.00 used for public safety wages and operating expenses, and \$30,000,000.00 used for public health wages and operating expenses.

## PROMOTING EQUITABLE OUTCOMES

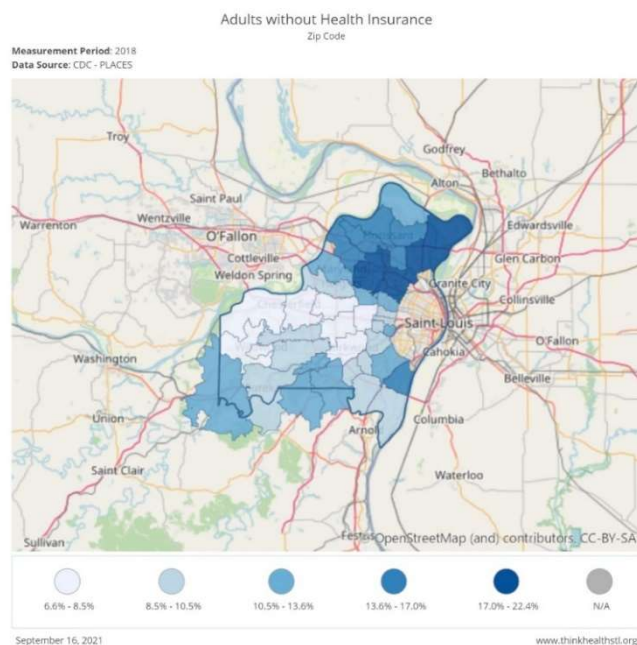
St. Louis County is dedicated to ensuring that all SLFRF funds are utilized in ways that promote equitable outcomes that tackle systemic issues that predate the pandemic. In St. Louis County, one of our biggest focuses remains access to health care services.

Access to care is the ability to get health care when and where you need it at a price you can afford. Lack of access is of most concern in North St. Louis County compared to other regions of the County due to factors such as lack of health insurance, relatively high levels of poverty, limited health care facilities in the geographical region, and transportation challenges. Inadequate access to care can contribute to limited or delayed utilization of primary and preventive care, delayed identification of illness, preventable emergency department and hospitalization utilization, and ultimately worse health outcomes.

St. Louis County has identified key indicators which show the scale of the issues impacting North St. Louis County.

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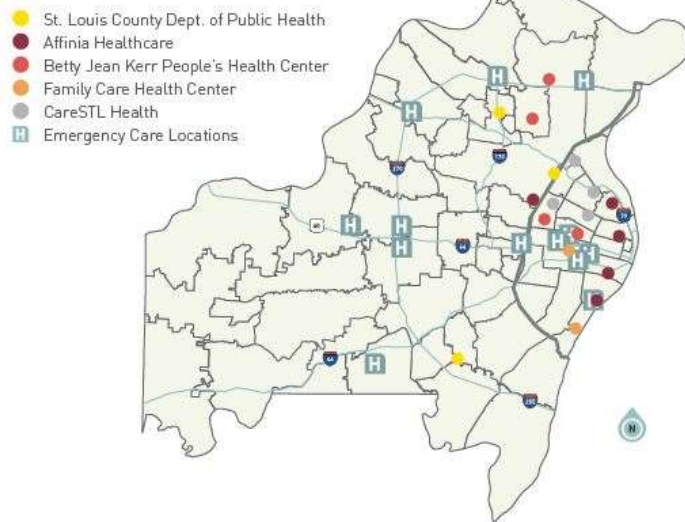
## LACK OF HEALTH INSURANCE



North St. Louis County has the largest proportion of residents without health insurance in the County. These zip codes with many uninsured residents are also the zip codes where a high proportion of residents live in poverty.

## FEW HEALTH CARE FACILITIES

Figure 1: St. Louis Safety Net System

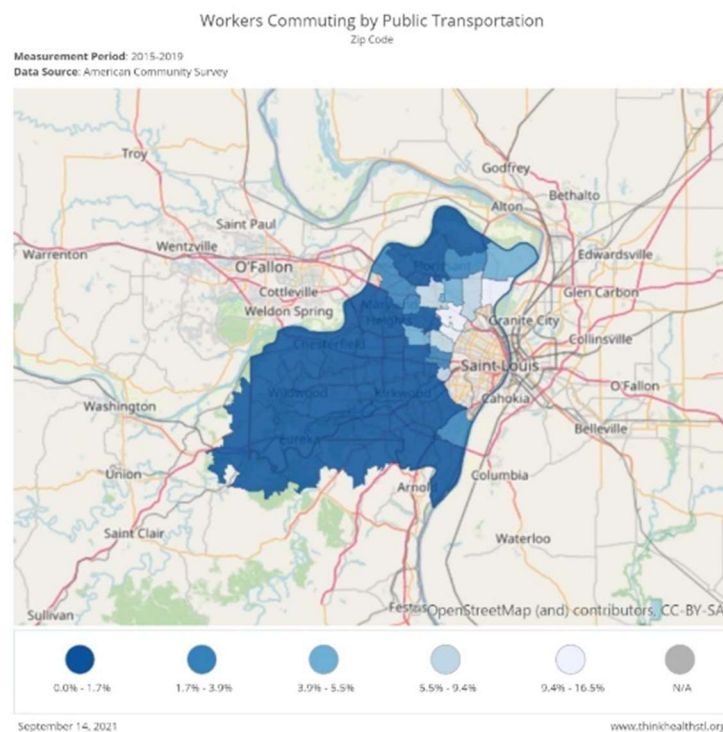


Underinsured and uninsured residents most often utilize safety net facilities because the cost of utilizing services at other facilities is not affordable without insurance. Many areas in St. Louis County with high levels of uninsured residents, particularly areas furthest north such as Florissant, Spanish Lake, and Black Jack, have few safety net health care facilities.

## TRANSPORTATION BARRIERS

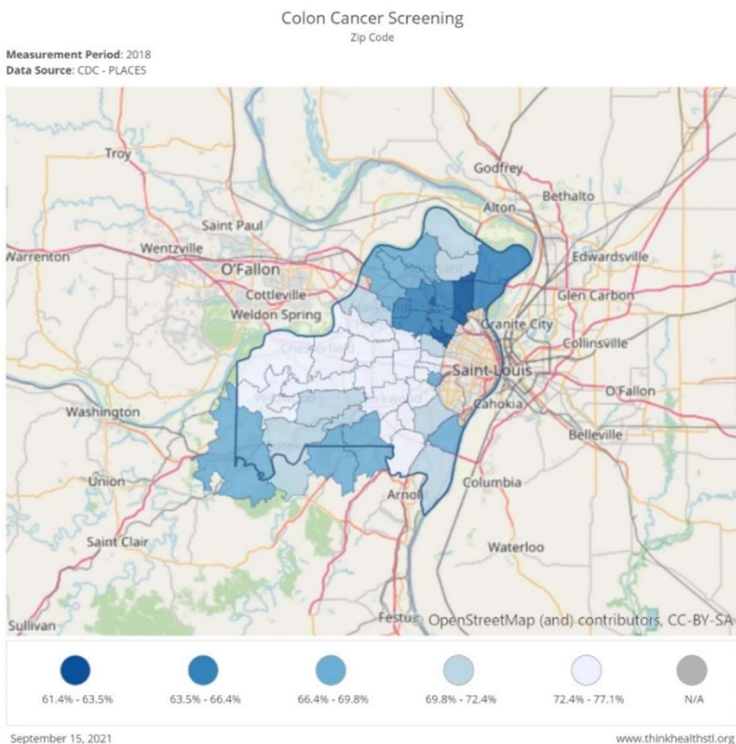
Transportation is a significant barrier to accessing safety net health care services for uninsured individuals in the St. Louis region. North St. Louis County zip codes have the highest rates of workers traveling by public transportation, which can be undependable and time intensive. Residents are less likely to access needed medical care the longer it takes to reach a facility.

Adding to the time investment to reach services, wait times have increased at most safety net providers.



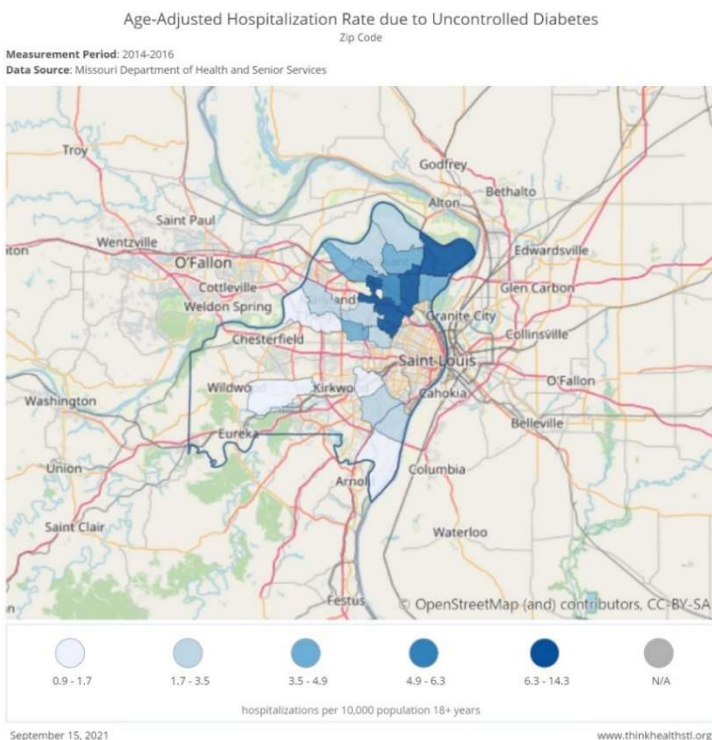


## LOWER UTILIZATION OF PREVENTATIVE CARE



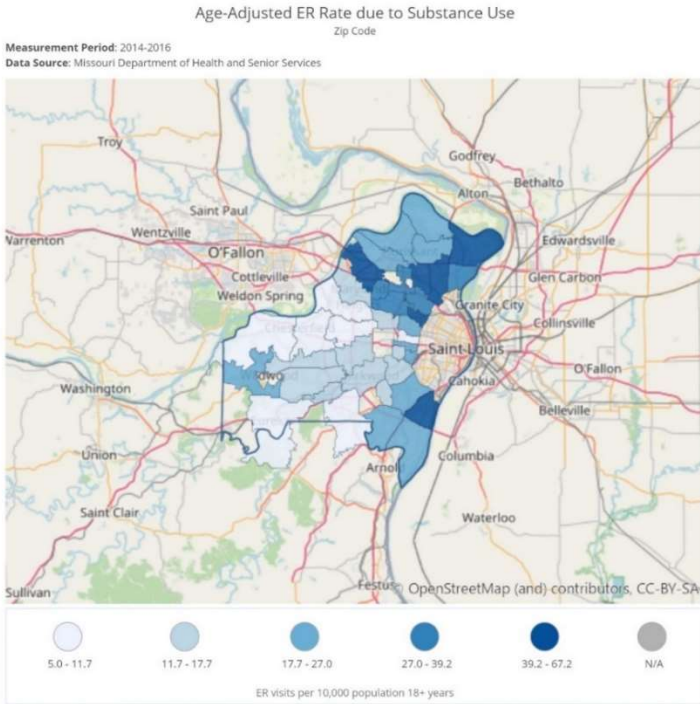
These access challenges are reflected in relatively lower utilization of preventive services and delayed care utilization. For example, proportionately fewer residents in North County get routine colon cancer screenings relative to residents of other parts of the County.

## PREVENTABLE ER VISITS AND HOSPITALIZATIONS



Limited or delayed utilization of primary and preventive care can lead to delays in diagnosing and treating illnesses. When illnesses are not treated in a timely manner, they can become more serious and require higher levels of care. This can lead to high levels of preventable emergency department visits and hospitalization.

This pattern is seen in North County, where preventable ER visits are substantially higher than for residents of other areas in the County.



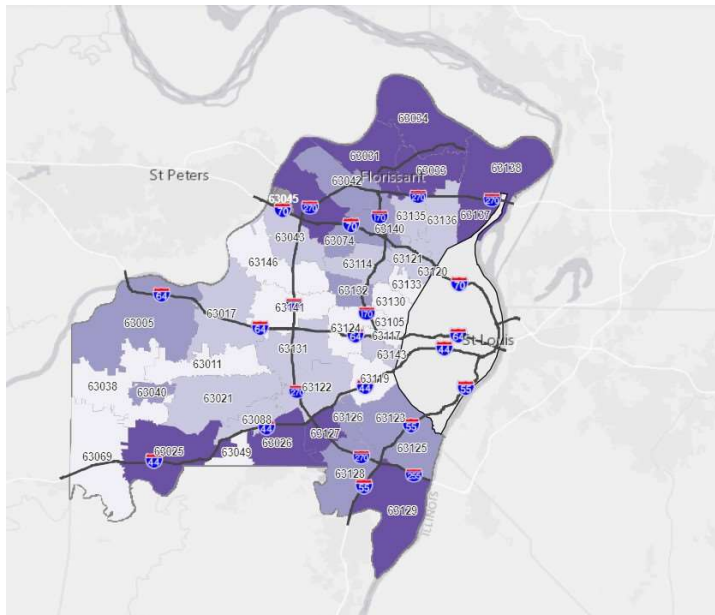
There are high levels of emergency department use and hospitalization for illnesses that could be better treated earlier in a primary care setting if patients had access. For example, there is a high hospitalization rate due to **uncontrolled diabetes** in North County zip codes. When chronic diseases are not managed, severe and preventable health consequences can result.

Behavioral health concerns (mental health and **substance use**) can also often be managed in primary care. However, if not well-managed, behavioral health crises can lead to life-threatening consequences and frequent Emergency Department utilization.

Knowing that certain regions of our County have unequal access to services and as a result have had worse health outcomes is foundational to our understanding of how to best utilize SLFRF funds.

Additionally, the St. Louis County Department of Public Health (DPH) is tracking a number of COVID-19 metrics which also show disparities in COVID-19 case and vaccination rates.

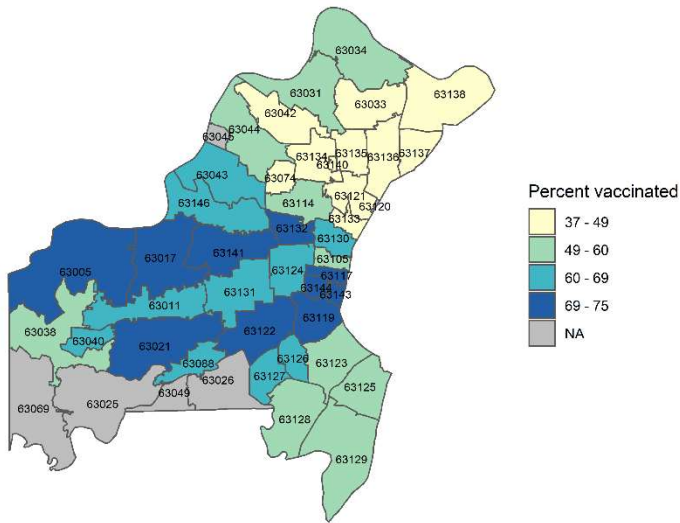
#### CUMULATIVE COVID-19 CASES BY ZIP CODE (UPDATED AS OF JANUARY 27, 2022)



DPH is tracking case rates by zip code. For much of the pandemic, case rates have been high in North County and parts of South County. The darker purple zip codes have the highest cumulative case numbers DPH has directed resources, including testing, PPE, vaccination clinics and education, towards areas with high case rates.

## VACCINATION RATES BY ZIP CODE, REGION, AND RACE (UPDATED AS OF JANUARY 20, 2022)

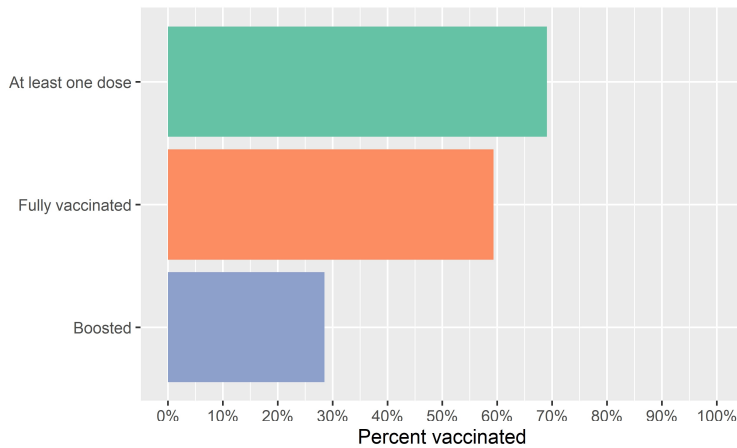
Vaccination Rates by ZIP Code  
Fully vaccinated



Data current as of January 20, 2022

DPH has also been tracking vaccination rates by zip code, region, and race in St. Louis County. There are existing disparities in vaccination rates in specific zip codes in North County, between certain age groups, in particular children, and among different races. DPH's vaccination strategy has been largely aimed at increasing vaccination rates in the 6 lowest zip codes in North County. To accomplish this goal, DPH partnered with community leaders in that area and hosted vaccination clinics and educational events for those residents. Additionally, DPH has been closely partnering with school leaders to support more children receiving the COVID-19 vaccination.

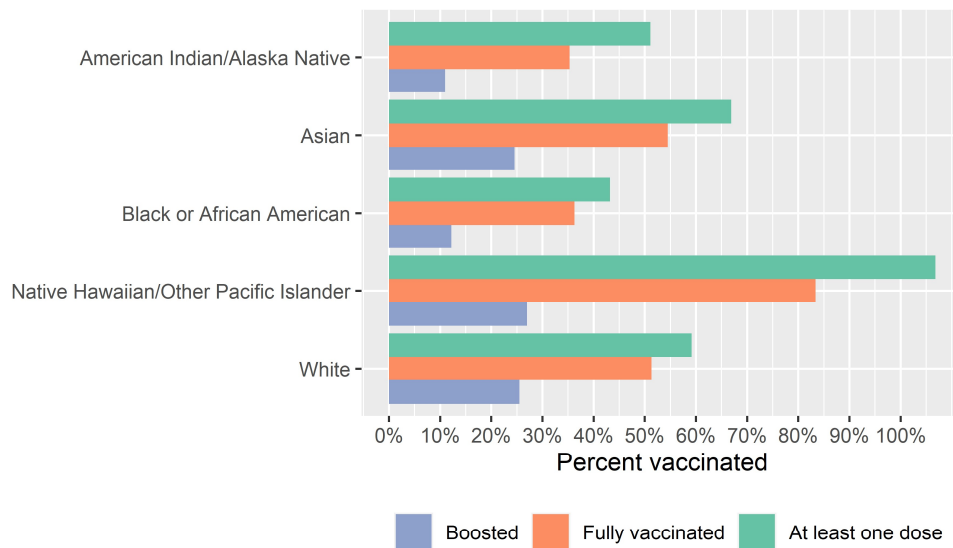
Total COVID-19 Vaccination Rates  
St. Louis County residents



Data current as of January 20, 2022

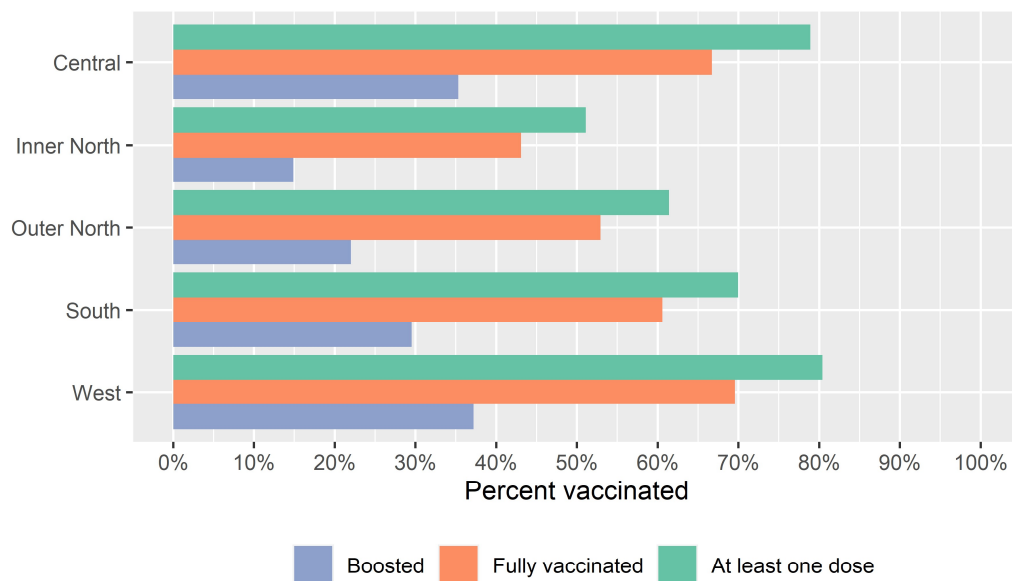


**Total COVID-19 Vaccination Rates by Race**  
St. Louis County residents



Data current as of January 20, 2022

**Total COVID-19 Vaccination Rates by Region**  
St. Louis County residents

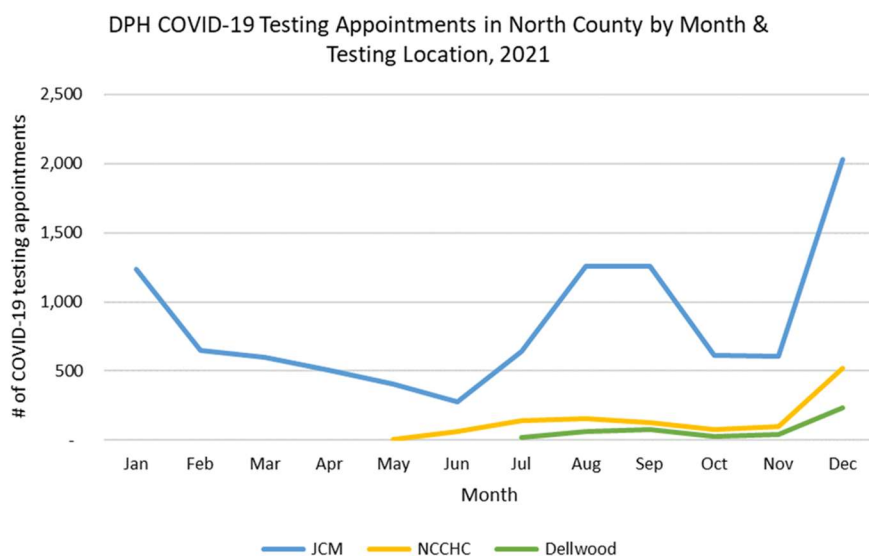


Data current as of January 20, 2022

DPH's entire COVID-19 response has been guided by health equity. Our testing locations are accessible and located in areas where the people who need them the most can access them. We have evaluated our operations to ensure that there are no unnecessary administrative barriers to accessing a test, such as possession of a government ID. Testing is free and requires no proof of insurance. When possible, we do not require appointments and work hard to make sure our capacity can accommodate walk-ins. Additionally, our lab evaluates how we process samples so that results are returned to residents as

quickly as possible has taken numerous steps to address these fundamental obstacles to public health in our community. DPH's three permanent, primary care clinics are in epicenters of need, and our existing patient population is largely uninsured and African American. DPH is committed to health equity as an organization and has imbued health equity into our COVID-19 response.

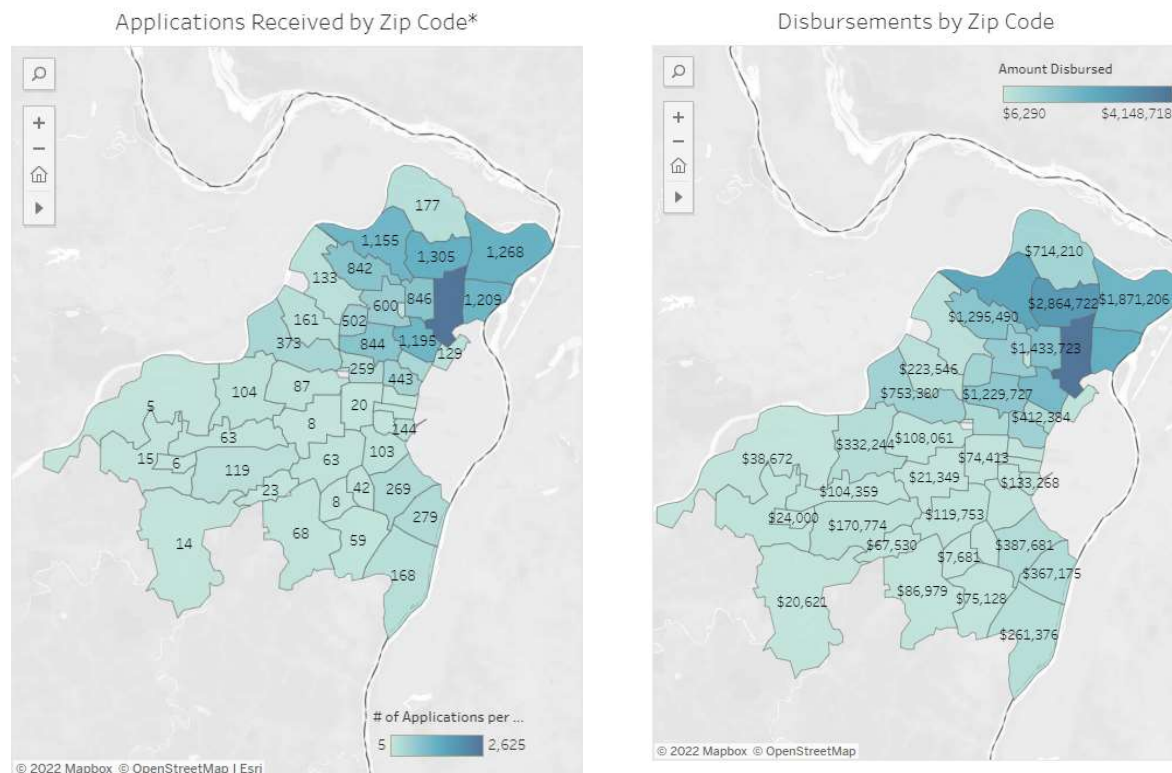
Because DPH has been providing these services for between one to two years, we have established regular communication channels for announcements about our testing sites and how to access them. These sites are open to all, regardless of proof of insurance, residency, or appointment, when we can accommodate the volume. DPH has intentionally reviewed our operations and how residents access testing. DPH has carefully developed our operations to eliminate as many administrative requirements as possible so that access to testing, vaccinations, and other primary care services are as accessible as possible for all.



DPH currently monitors case and vaccination rates across gender, race, age, and region. There are existing disparities in case rates, with certain age groups and races testing positive for COVID-19, and there are disparities across these data points in who has been fully vaccinated. DPH is committed to addressing these disparities by providing free and accessible testing and vaccination.

Our vaccination clinics are accessible and located in areas where the people who need them the most can reach them. We have evaluated our operations to ensure that there are no unnecessary administrative barriers to accessing a test or vaccine, such as possession of a government ID. Vaccination is free and requires no proof of insurance. We have partnered with community organizations to host vaccination clinics, in addition to providing vaccination clinics at our own primary care clinics. When possible, we do not require appointments and work hard to make sure our capacity can accommodate walk-ins. In our Corrections Medicine program, each person in custody at the Justice Center is offered opportunities to receive a COVID-19 vaccination; DPH also works to provide visitors to the Justice Center an opportunity to receive a COVID-19 vaccination.

Additionally, we have used data to inform how we implement our housing assistance through our ERAP program. Using \$5,000,000.00 in SLFRF funds will allow us to continue building upon the success of ERAP



Similar to our access to health in North County, those zip codes which had the highest need for assistance received the highest amounts disbursed.

Additional details of on how St. Louis County is promoting equitable outcomes are detailed individually for applicable projects in the Project Inventory section of this document.

## NEGATIVE ECONOMIC IMPACTS (EC 2)

Those facing eviction continue primarily be those adversely impacted by COVID for a myriad of reasons, including but not limited to lack of employment, limited access to affordable housing, membership in historically marginalized and under-resourced communities. Consequently, many households are still trying to recover physically and/or economically from the ravages of the disease.

Through our Emergency Rental Assistance Program (ERAP), St. Louis County DHS intends to extend its partnership with Nan McKay to provide eviction prevention, utility arrears and housing stability services using the 5 million dollars in ARPA funding that has been awarded to the Department of Human Services to bridge the gap between our original ERAP program now known as “ERAP1” and ERAP2. The continuation of this service to the community is vital. In addition to minimizing the COVID hardship for those in need of assistance, it is also necessary to assist those for whom income from rental property is their livelihood. Eviction moratoriums are undoubtedly helpful; however, the consequence for landlords unable to absorb the loss of income can be equally devastating. Not only does the lack of rental income

affect landlords, but it also ultimately impacts the local economy as those dollars are no longer circulated through spending.

Nan McKay will work with the Department of Human Services to refine and finalize the Program Guidelines. We have used the lessons learned during our implementation of both Coronavirus Aid, Relief, and Economic Security (CARES) and ERAP1 to know how to collect the required documentation and allow self-attestation whenever possible quickly. Using the \$5,000,000.00 in SLFRF funds to bridge the gap between ERAP1 and ERAP2 is essential to protecting our residents from the threat of eviction. Both tenants and landlords will be encouraged to apply, which will help bridge the digital divide. For those that lack the technology or the ability to navigate the application process, we will continue our partnership with local non-profits and translation services are available in households for whom English is not their native language.

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#### SERVICES TO DISPROPORTIONATELY IMPACTED COMMUNITIES (EC 3)

While to date St. Louis County does not yet have an approved spending plan for this expenditure category, we intend to consider those items when making future funding allocations.

#### COMMUNITY ENGAGEMENT

St. Louis County has worked throughout the pandemic to ensure that the community is continually updated on the efforts that the county is undertaking to combat this pandemic. Additionally, we have allowed for public feedback through multiple virtual and in-person public comments during weekly County Council meetings.

In the near future, St. Louis County will be distributing a Community Survey which will allow the County to receive feedback directly from the community on their needs and ideas on how to best utilize our remaining SLFRF dollars.

DPH has formed numerous advisory committees to help us connect with different sectors of community during the COVID-19 pandemic. We work closely with school leaders, school nurses, youth sports leaders, and restaurateurs. Specifically for the vaccination effort, DPH formed a North County stakeholder group and a South County stakeholder group. Each group was comprised of leaders spanning local government, community organizations, religious organizations, and other service providers. These groups not only were a sounding board for DPH as we adapted vaccination strategies and approaches but also were critical disseminators of DPH's public health message.

In our Emergency Rental Assistance Program (ERAP), we have taken steps to ensure that all who are eligible have a route to apply. Both tenants and landlords will be encouraged to apply, which will help bridge the digital divide. For those that lack the technology or the ability to navigate the application process, we will continue our partnership with local non-profits. Translation services are available in households for whom English is not their native language.

Additional details of our community engagement functions are detailed individually for applicable projects in the Project Inventory section of this document.

## LABOR PRACTICES

Though to date St. Louis County has not yet allocated substantial SLFRF funding towards infrastructure projects, we continue to ensure that strong labor principles are adhered to. For all infrastructure projects St. Louis County ensures employees and contractors comply with Federal and State of Missouri labor regulations. St. Louis County does have a prevailing wage program, which requires that we follow state rules and require prevailing wages for construction contracts over \$75,000 where the Dept of Labor has established labor rates. Individuals can complain, making it self-enforcing, and there are penalties for contractors that do not pay the wages. St. Louis County's Minority and Women-Owned Business Enterprise (M/WBE) Program promotes open and equitable participation by Minority and Women Owned companies seeking to do business with the County. M/WBE Program staff monitor participation goal achievement in construction and professional services contracts, good faith efforts, prompt pay, and workforce utilization. The M/WBE Program also encourages use of minority and women prime consultants/contractors on professional service projects through incentives in the evaluation process. Potential use of ARPA funds on projects administered through a professional services contract will provide an incentive to M/WBE contractors during solicitation. St. Louis County requires contractors that work within County facilities, we require a \$15.00/hour minimum wage which is greater than the state's minimum wage of \$11.15/hour. Finally, through a recently signed bill, by the time SLFRF funds are used on infrastructure projects, St. Louis County will require apprenticeship programs by prime contractors on all projects \$75,000 and higher.

## USE OF EVIDENCE

St. Louis County has a strategy to ensure SLFRF funds are used for well established, defined, evidence-based programs that have a documented history of effectively addressing issues they aim to solve. Use of evidence details are provided in the Project Inventory section of this report for projects which have relevant use of evidence components. The County will also commit to collecting data on relevant SLFRF projects which will inform future decisions, updates, or modifications to these projects.

## TABLE OF EXPENSES BY EXPENDITURE CATEGORY

Category		Cumulative expenditures to date (\$)	Amount spent since last Recovery Plan
1	Expenditure Category: Public Health		
1.1	COVID-19 Vaccination	\$258,566.60	\$258,566.60
1.2	COVID-19 Testing		
1.3	COVID-19 Contact Tracing		
1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)		
1.5	Personal Protective Equipment		
1.6	Medical Expenses (including Alternative Care Facilities)		



Category		Cumulative expenditures to date (\$)	Amount spent since last Recovery Plan
1.7	Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency		
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)		
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19		
1.10	Mental Health Services		
1.11	Substance Use Services		
1.12	Other Public Health Services		
2	Expenditure Category: Negative Economic Impacts		
2.1	Household Assistance: Food Programs		
2.2	Household Assistance: Rent, Mortgage, and Utility Aid		
2.3	Household Assistance: Cash Transfers		
2.4	Household Assistance: Internet Access Programs		
2.5	Household Assistance: Eviction Prevention		
2.6	Unemployment Benefits or Cash Assistance to Unemployed Workers		
2.7	Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives)		
2.8	Contributions to UI Trust Funds*		
2.9	Small Business Economic Assistance (General)		
2.10	Aid to nonprofit organizations		
2.11	Aid to Tourism, Travel, or Hospitality		
2.12	Aid to Other Impacted Industries		
2.13	Other Economic Support		
2.14	Rehiring Public Sector Staff		
3	Expenditure Category: Services to Disproportionately Impacted Communities		
3.1	Education Assistance: Early Learning		
3.2	Education Assistance: Aid to High-Poverty Districts		
3.3	Education Assistance: Academic Services		
3.4	Education Assistance: Social, Emotional, and Mental Health Services		
3.5	Education Assistance: Other		
3.6	Healthy Childhood Environments: Child Care		
3.7	Healthy Childhood Environments: Home Visiting		

Category		Cumulative expenditures to date (\$)	Amount spent since last Recovery Plan
3.8	Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System		
3.9.	Healthy Childhood Environments: Other		
3.10	Housing Support: Affordable Housing		
3.11	Housing Support: Services for Unhoused persons		
3.12	Housing Support: Other Housing Assistance		
3.13	Social Determinants of Health: Other		
3.14	Social Determinants of Health: Community Health Workers or Benefits Navigators		
3.15	Social Determinants of Health: Lead Remediation		
3.16	Social Determinants of Health: Community Violence Interventions		
4	Expenditure Category: Premium Pay		
4.1	Public Sector Employees	\$173,307.23	\$173,307.23
4.2	Private Sector: Grants to other employers		
5	Expenditure Category: Infrastructure		
5.1	Clean Water: Centralized wastewater treatment		
5.2	Clean Water: Centralized wastewater collection and conveyance		
5.3	Clean Water: Decentralized wastewater		
5.4	Clean Water: Combined sewer overflows		
5.5	Clean Water: Other sewer infrastructure		
5.6	Clean Water: Stormwater		
5.7	Clean Water: Energy conservation		
5.8	Clean Water: Water conservation		
5.9	Clean Water: Nonpoint source		
5.10	Drinking water: Treatment		
5.11	Drinking water: Transmission & distribution		
5.12	Drinking water: Transmission & distribution: lead remediation		
5.13	Drinking water: Source		
5.14	Drinking water: Storage		
5.15	Drinking water: Other water infrastructure		
5.16	Broadband: "Last Mile" projects		
5.17	Broadband: Other projects		
6	Expenditure Category: Revenue Replacement		
6.1	Provision of Government Services		
7	Administrative and Other		
7.1	Administrative Expenses	\$1,000,000.00	\$1,000,000.00
7.2	Evaluation and data analysis		

Category		Cumulative expenditures to date (\$)	Amount spent since last Recovery Plan
7.3	Transfers to Other Units of Government		
7.4	Transfers to Nonentitlement Units (States and Territories only)		

## PROJECT INVENTORY

Below is a comprehensive summary of St. Louis County's current SLFRF expenditures as of December 31, 2021.

### PROJECT 1: COVID-19 VACCINATION INCENTIVE PROGRAM

#### Department of Public Health

Total Funding amount: \$875,000.00

Total Expenditures through 12/31/21: \$258,566.60

Project Expenditure Category: 1.1, COVID-19 Vaccination

#### Project Overview

- Main activities:
  - Includes purchasing gift cards and distributing them to individuals who complete a COVID-19 vaccination series (one or two shots, depending on the type of vaccine). DPH is working as quickly as possible to implement this project.
- Timeline:
  - DPH delivers these gift cards via certified mail service upon completing an entire vaccine series. DPH will also distribute gift cards in-person at select events at the discretion of the Director of the Department of Public Health. DPH is not relying on the support of any contracted staff to conduct this activity.
- Intended Outcomes:
  - To contribute to increased vaccination rates in zip codes with low vaccination rates. In addition, part of DPH's strategy is to use incentives that address socioeconomic barriers of transportation and food insecurity (two basic needs of all households) to accomplish this outcome.

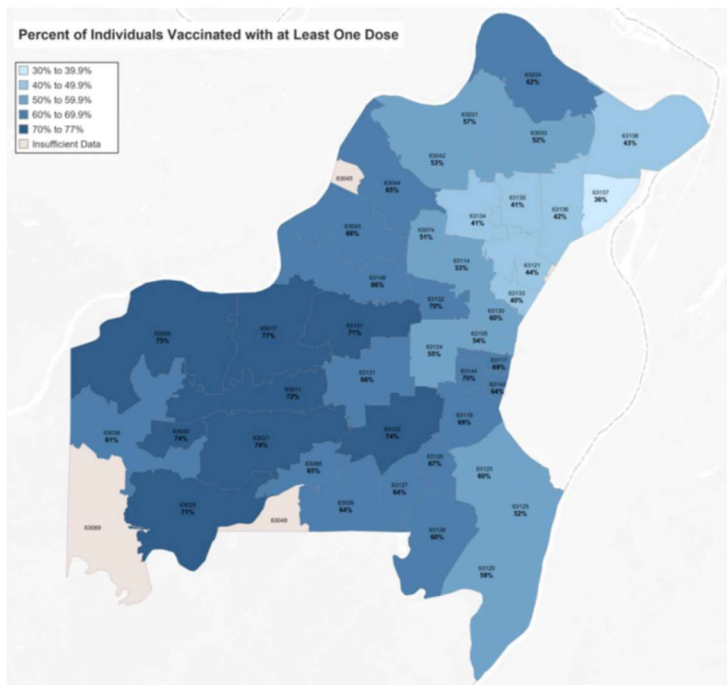
#### Approach to equity

- The ordinance authorizing this program limits the categories of gift cards DPH can purchase, but the main types listed are related to basic needs, such as groceries and gas. Additionally, there is a third category focused on small businesses, which DPH will strive to select enterprises located in the zip codes where vaccination rates are the lowest. Finally, the dollar amount of these gift cards ranges from \$50-\$100, which DPH believes will significantly impact an individual and their household.

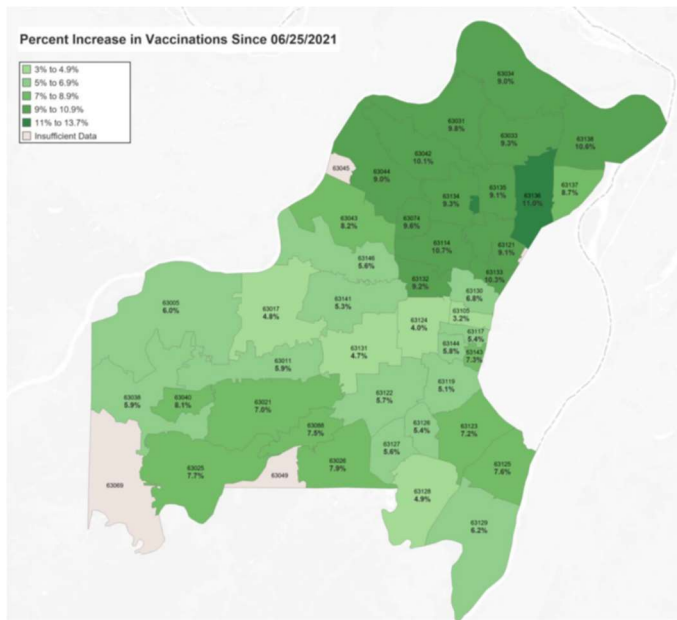
- DPH is also directing this resource and the bulk of our vaccination clinics towards areas with the lowest vaccination rates. There is a current correlation between zip codes with low vaccination rates and a history of systemic racism and disinvestment. Therefore, one part of DPH's strategy is increasing access and educating individuals in these zip codes while also relying on trusted community organizations to help support that. Another aspect of this strategy is to provide individuals an incentive that will also have an economic benefit to them.

Programmatic impact, effective, efficient, and equitable outcomes

- DPH has identified six zip codes with the lowest vaccination rates and has concentrated our access points and educational efforts there for the past ten weeks. Therefore, incentives will broadly align with those access points. Additionally, DPH has used other funding sources to support efforts to educate and transport individuals to these clinics. Our goal is to align these existing strategies to distribute as many gift cards as possible. The map below shows vaccination rates by zip code; the zip codes in the lightest blue color are where DPH currently is directing the bulk of our resources.



- The map below shows vaccination rate increases by zip code over the past 10 weeks, demonstrating the significant increases zip codes located in North County are experiencing.

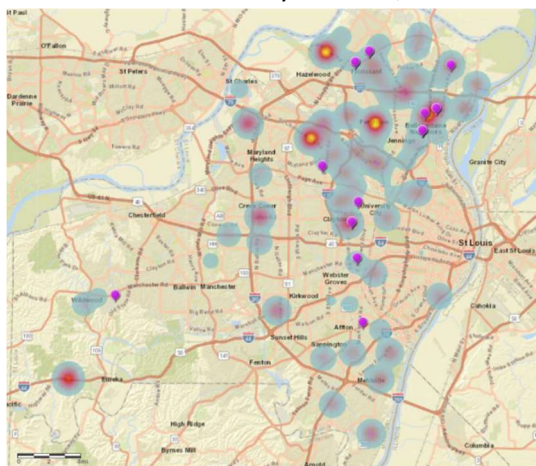


- Below is a list of DPH's current targeted zip codes with their vaccination rate as of 9/4 and the percent increase over the past 10 weeks.

Zip Code	Current Vaccination Rate (%)	Increase over 10 Weeks (%)	CDC Social Vulnerability Index Scores*
63133	40.2%	10.3%	0.9231, 0.7972, 0.8137
63134	40.6%	9.3%	0.6542, 0.961, 0.7988
63135	41.4%	9.1%	0.5616, 0.3699, 0.7444
63136	41.7%	11.0%	0.6253, 0.7175, 0.6666
63137	36.5%	8.7%	0.6253, 0.7395, 0.6
63138	43.1%	10.6%	0.7946, 0.7468, 0.5321

\*This is a selection of CDC Social Vulnerability Scores for census tracks within the zip code.

- Additionally, the map below shows DPH's efforts to date. The purple pins indicate upcoming clinics between 9/7 and 9/14. The heat map indicates the location and number of doses administered at past neighborhood clinics. The bulk of DPH's previous and current efforts are located in North County. To date, DPH has hosted 157 events at 97 distinct locations.





### Supporting community, populations, and individuals in St. Louis County

- These gift cards are distributed to individuals who will receive the direct benefit of the gift card's value. DPH is intentionally selecting vendors who are in the same areas as our patients reside, and vendors that provide necessities, such as groceries and gas, while maintaining compliance with Food Code standards. Food insecurity during the COVID-19 pandemic has worsened, and according to Feeding America, more than 42 million people may experience food insecurity because of the pandemic. The U.S. Department of Agriculture reported recently in their report Household Food Insecurity in the United States that more than 38 million people in the United States experienced hunger in 2020. In 2019, there were over 100,000 people in St. Louis County who were food insecure; in 2021, that number has likely increased due to the COVID-19 pandemic.
- In addition, since individuals will receive these gift cards after receiving the complete series of the COVID-19 vaccine, they will contribute to a safer St. Louis County with less community transmission of the virus.

### Community Engagement

- DPH is implementing this program in response to a direct request from the County Council, which authorized this legislation. Additionally, DPH established two new stakeholder groups, one of North County leaders and another of South County leaders, who have provided specific feedback and ideas on how DPH can increase vaccination rates. In addition to the other stakeholder groups DPH formed in March 2020 (restaurant advisory group, school superintendents' group, school nurses' group, youth sports advisory group, and others), these groups have suggested similar, if not this exact, program.

### Use of Evidence

- Other communities, including governmental agencies and private companies, have implemented similar programs throughout the country and have seen some successes. Monetary incentives, such as cash and gift cards, are a growing tool for inducing health behaviors in the public interest. The value of these tools serves as both a positive influence and mediating for significant challenges experienced by many low-moderate income communities. Bradley and Neumark (2017) conducted a randomized controlled trial among newly enrolled uninsured patients of Virginia Commonwealth University Medical Center's Virginia Coordinated Care Program. Patients were randomly assigned to an incentivized group with three monetary levels (\$0, \$25, and \$50) or the non-incentivized group. Results showed those offered incentives were more likely to establish a relationship with a primary care physician instead of utilizing expensive services such as urgent care or the emergency room. Similarly, Schumacher et al. (2020) conducted a literature search in which 32 publications on influenza vaccination campaigns for healthcare workers were reviewed for key interventions and resulting vaccination coverage. Among key interventions analyzed, mandatory vaccination policies or multifaceted campaigns including a "vaccinate or wear-a-mask" policy as well as mandatory declination reached vaccination coverage in healthcare workers of over 90%. Although campaigns solely based on education and promotion or on-site-vaccination did not regularly exceed an absolute

vaccination coverage of 40%, those which included cash incentives as part of a multi-faceted approach saw an increase of 8.2 percent.

- Australia's nationwide vaccine incentive program was created based on a review of similar programs finding that those offered any incentive had a 17% higher vaccination rate than those not offered incentives (Achat et al., 1999). One of the most remarkable examples is the experience of the H1N1 vaccination roll out. Due to incentive programs offered in homeless shelters and other at-risk communities, vaccination reached a rate of 46% in those communities relative to only 10% in the public at large (Wood, 2012).
- Machingaidze & Wiysonge (2021) identified that hesitancy around the COVID vaccination stems from many places. DPH is anticipating that one of the most common reasons for low-income people, including the patient population that we are targeting, is monetary, with many individuals worried about needing to take time off work for the appointments or because of the possibility of side effects. Similarly, Serra-Garcia & Szech (2021) identified that hesitant Americans that appropriate monetary incentives could significantly increase vaccination uptake. While this study is not yet peer-reviewed, the authors found that low monetary compensation of \$20 reduced vaccine demand compared to no compensation. Compensation of at least \$100 significantly increased vaccine demand. Data shows that compared to no compensation, about 1 in 6 people can be motivated to take the vaccine for \$500. If prevention of infection and outbreaks is a major goal, this investment could pay for itself.
- DPH key staff involved in this program will meet on an every-other-week basis to discuss the program's progression, successes, and failures. These staff will be responsible for determining, to the best of their ability, the impact of the program, when additional gift cards should be purchased, and when other operational adjustments are needed. Some questions that may be considered by this group are below:
  - Is this program contributing to increased vaccination rates in the areas we are targeting?
  - Is the delivery model for gift cards working?
  - Has this program been properly communicated to the audience we are trying to reach?
  - What are the current operational impacts of this program?
  - What problems have arisen from this program that have not yet been addressed?
  - What feedback are we receiving from individuals who receive the gift card and/or staff who are working at the clinics?
- DPH is purchasing these gift cards on a rolling basis so that as staff distributes them, DPH can evaluate our distribution methods and the vendors we have purchased gift cards from. DPH is starting with purchasing no more than 10% of the authorized purchase.
- DPH is already tracking vaccination rates per week per zip code and is prepared to follow the correlation between increased vaccination rates and the distribution of vaccine incentives. Additionally, DPH is ready to track any qualitative information provided by patients who receive a vaccine and an incentive.

#### Key Performance Indicators

- KPIs for this program include:

- Gift cards purchased vs. gift cards distributed over time
- Zip codes of patients who have received gift cards
- Unspent funds for the program
- Vaccination rates per zip code per week (% increase)
- DPH targets unvaccinated people who live in a priority zip code, which is subject to change as vaccination rates increase. All six priority zip codes are in North County and have vaccination rates lower than the County average and surrounding zip codes. This project aims to increase vaccination rates in zip codes with low rates to prevent the ongoing spread of COVID-19.

#### Promoting Equitable Outcomes

- Goals
  - DPH is supporting a population that is historically underserved, marginalized, and adversely affected. For example, most patients who seek care, including a COVID-19 vaccine, at our permanent clinics are uninsured, and then the second largest group receives services through Medicare or Medicaid. In addition, our neighborhood vaccine clinics are in zip codes where vaccination rates are lowest; there are existing correlations between those zip codes and other health disparities. Some inequities relate to COVID-19 (such as high case rates throughout the pandemic) and some related to systemic racism and discrimination (such as an overall lack of access to care, high rates of chronic disease, poverty rates, and others).
- Awareness
  - Patients will be informed of this program when they are on-site at a DPH vaccine clinic. DPH will also use traditional media to inform and encourage individuals to seek out a vaccine through DPH.
- Access and Distribution
  - If someone has already received a COVID-19 vaccine, they will not be encouraged to seek this incentive.
- Outcomes
  - An intended outcome of this program is to close an existing gap in vaccination rates in specific zip codes.

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#### PROJECT 2: COVID-19 VACCINATIONS

##### Department of Public Health

Expenditure amount as of 12/31/21: \$0.00

Project Expenditure Category: 1.1, COVID-19 Vaccination

#### Project Overview

- Main activities:
  - This request is for staff conducting COVID-19 vaccinations at DPH-operated or DPH-sponsored vaccination clinics. DPH is providing COVID-19 vaccinations at our three primary care clinics and in our Corrections Medicine program for the people in custody

at the Justice Center. DPH has also partnered with the St. Louis County Library system to conduct DPH-sponsored vaccination clinics at a number of library locations.

- Timeline:
  - Many of these services are on-going and have been previously supported by other types of grant funding. DPH's current timeline is to continue these services in 2022 without a pause or impact to services. DPH intends to continue to provide these services at some level of availability until demand for them has abated or until the pandemic is no longer threatening St. Louis County.
- Intended Outcomes:
  - DPH is committed to increasing vaccination rates in areas of the County with low rates and addressing vaccine disparities, which cross race, age, and area of the County.

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#### PROJECT 3: COVID-19 TESTING SUPPLIES

Department of Public Health

Expenditure amount as of 12/31/21: \$0.00

Project Expenditure Category: 1.2, COVID-19 Testing

- Main activities: This request includes testing supplies, contracted staff, and a testing trailer for DPH to continue to provide free testing at our three permanent, primary care clinics and in our Corrections Medicine Program for the people in custody at the Justice Center and Juvenile Detention Center.
- Timeline: DPH is currently providing COVID-19 testing.
- Primary delivery mechanisms: For our community testing sites, these are located at DPH's three primary care clinics, and DPH opened an additional one in North County. DPH relies on our own lab to process samples, which is a significant cost savings for St. Louis County. As a high-density, congregate living setting, our Corrections Medicine Program is a priority for DPH, especially when it comes to providing access to COVID-19 testing, which is provided when a person in custody is symptomatic and upon intake at the Justice Center. DPH is the only medical provider in that space, and to date, our efforts have resulted in a positivity rate in our Corrections Medicine program that is less than 3%, significantly lower than community transmission levels. At this time, DPH is no longer a competitive employer for the medical professionals qualified to conduct COVID-19 testing, which is why DPH will be seeking contracted staff support.
- Intended outcomes: DPH is also a major testing provider in the St. Louis region; our intended outcome for testing is to continue to provide free, reliable access to testing for COVID-19 for individuals who may not otherwise have access to testing.

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#### PROJECT 4: PPE INVENTORY MANAGEMENT SYSTEM AND SUPPORT

Department of Public Health

Expenditure amount as of 12/31/21: \$0.00

Project Expenditure Category: 1.8, Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)

### Project overview

- Main activities: This is an inventory management system and warehouse for the PPE purchased for DPH staff and County employees.
- Timeline: This is a system and inventory management currently in operation for DPH.
- Primary delivery mechanisms: DPH staff and County departments have received instructions on how to request access to the PPE.
- Intended outcomes: DPH is committed to protecting our staff conducting essential health services or serving in-person roles by providing them with reliable access to quality PPE.
- Approach to equity and Programmatic impact, effective, efficient, and equitable outcomes: DPH's services are driven by a health equity lens. By protecting our staff, we continue to protect the provision of those services.
- Supporting community, populations, and individuals in St. Louis County: When possible, DPH does release PPE for community distribution.

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## PROJECT 5: COVID-19 PAYROLL COSTS

### Department of Public Health

Expenditure amount: \$0.00

Project Expenditure Category: 1.9, Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19

### Project overview

- Main activities: This project will support 32 FTE within the Department of Public Health, including salary and fringe benefits. These are staff conducting case investigation and contact tracing (CI/CT), data entry and data management in our Division of Communicable Disease Response (CDR); vaccine cold chain management, including managing existing supply, managing state required quality processes, gathering supplies in our Division of Health Services (DHS); managing and implementing COVID-19 infection control protocols in our Corrections Medicine (CM) program; and community engagement around vaccine hesitancy in our Division of Health Promotions and Public Health Research (HPPHR). All staff may conduct other duties as assigned and as related to the COVID-19 pandemic; this is largely dependent on the needs of the department and the status of the pandemic.
- Timeline: These staff are currently conducting these services and will continue to do so for most of 2022, depending on the direction of the pandemic.
- Intended outcomes: as the status of the pandemic shifts, CDR staff conduct CI/CT for residents and data entry as DPH receives information about positive and negative tests. When St. Louis County is surging or the case rate supersedes staff capacity, CDR staff prioritize CI/CT for high-risk residents or high-density settings, such as schools or large businesses. The CM staff person will continue to protect the patients DPH is responsible for in the Justice Center, including reviewing, developing, and implementing infection control protocols for staff and people in custody. The DHS staff will ensure that our vaccination supply is able to be administered or



deployed throughout the County. The HPPHR staff we have hired to address vaccine hesitancy are doing so through authentic and strategic partner engagement, community engagement, and presence at community events where there is opportunity to educate individuals on the importance of COVID-19 vaccinations and mitigation strategies.

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#### PROJECT 6: EMERGENCY RENTAL ASSISTANCE PROGRAM

Department of Human Services

Expenditure amount as of 12/31/21: \$0.00

Project Expenditure Category: 2.2, Household Assistance, Rent, Mortgage, and Utility Aid

##### Project overview

- The need for eviction prevention is well documented. St. Louis County received over 16,000 ERAP1 applications and successfully dispersed \$27.4 million in assistance in less than 6 months. According to the St. Louis County Courts, there are approximately 4,000 households currently facing eviction in St. Louis County, MO. Those facing eviction continue to be those adversely impacted by COVID for a myriad of reasons including but not limited to; lack of employment, limited access to affordable housing, membership in historically marginalized and under-resourced communities. The inability to acquire household necessities while remaining current with rental and utility payments was nearly impossible prior to the pandemic and has only increased. Consequently, there are many households still trying to recover physically and/or economically from the ravages of the disease.
- This allocation of ARPA funds is intended to provide two-month bridge between ERA1 and ERA2 funding. The County anticipates finalizing its contract with a new partner to administer and distribute ERA2 funding in February 2022. Beginning in March 2022, ERA2 funds will be utilized to fund this need throughout the remainder of the 2022 calendar year."
- According to the St. Louis County Courts, there are approximately 4,000 households currently facing eviction in St. Louis County, MO.
- Using our selected vendor, Nan McKay, we will work with the Department of Human Services to refine and finalize the Program Guidelines.
- Both tenants and landlords will be encouraged to apply for funds.
- Nan McKay has developed documentation to be approved by the County, including agreements and contracts applicable to the provision of financial assistance that incorporate any requirements deemed necessary and appropriate by the County to administer the Program in compliance with ARPA Requirements effectively.

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#### PROJECT 7: SPECIAL PAY PROGRAM FOR CERTAIN EMPLOYEES OF THE DEPARTMENT OF JUSTICE SERVICES

Department of Justice Services

Expenditure amount as of 12/31/21: \$173,307.23

Project Expenditure Category: 4.1, Public Sector Employees

### Project overview

- St. Louis County has allocated \$5,121,792.00 in SLFRF funds to establish a premium pay program for certain employees of the Department of Justice Services as follows:
  - \$3,227,300.00 in permanent salaries
  - \$200,000.00 in overtime
  - \$246,888.00 in social security
  - \$567,037.00 in retirement
  - \$4,841.00 in unemployment
  - \$121,024.00 in workers compensation
  - \$742,279.00 in medical benefits
  - \$6,293.00 in long term disability
  - \$5,648.00 in short term disability
  - \$482.00 in life insurance
- This project will provide premium pay to hourly staff of DJS, who specifically work in jobs that involve regular in-person interactions or regular physical handling of items that were also handled by others. This premium pay compensates them for the elevated health risks they have faced, and continue to face, during the public health emergency in their positions. We have 297 full-time positions that are eligible under the ARPA guidelines. These employees have been performing essential work during the public health emergency and have taken on increased risk to themselves and their families. They are front-line workers with potential exposure to COVID-19 contagion on a daily basis and must continuously perform mitigation procedures. Being exposed to a constantly rotating group of new detainees every day for their entire shifts has exposed them to increased risk of infection. This work cannot be performed remotely as the jail residents live in the facility and must be supervised 24 hours a day, 7 days a week. Staff must perform and supervise sanitation and masking policies for the jail residents and follow social distancing measures that must be enforced constantly to mitigate the spread of the virus on a daily basis. Corrections Officer positions are difficult to fill during this public health pandemic as many potential recruits are fearful or hesitant to work in a jail environment as this is a nationwide problem affecting all correctional agencies. Turnover and difficulty hiring increase the use of overtime and causes increased stress on the staff. Lower turnover will reduce the number of people entering and leaving our workforce thus reducing contagion risk, along with higher job performance to meet high cleaning and sanitizing standards. Higher pay should lead to lower turnover and better hiring, leading to less overtime, and the increased spending money for staff should stimulate the economy.
- All staff in these job classes in the ordinance are eligible, from brand new hires to the most veteran employees, and will be compensated at the same amount and not based on seniority or a percentage of salary.
- A well-trained and high-morale staff will benefit the jail residents and their families, many of whom are County residents. A safe, secure, and humane jail is in the best interests of the

County, state, and nation. Hiring and retaining a highly motivated and high-morale staff is an essential component of creating and maintaining a safe and disease-free facility.

#### Key Performance Indicators

- To improve recruiting of new employees, and to retain existing employees are the goals of this program. Two key performance indicators are lower turnover and the lowering of the number of vacant positions. Currently we have 78 vacant full-time Corrections Officer positions out of 198 budgeted positions. A year ago, we were near fully staffed and we have experienced a progressively higher vacancy rate over the past year. With premium pay we expect to fill vacant positions so that our vacancy rate is 10% or lower. Our turnover rate for Corrections Officers is about 50% and we hope to lower it to 25% after the premium pay is implemented.
- Approximately 300 employees will be served.

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#### PROJECT 8: REVENUE REPLACEMENT

##### Department of Health

Expenditure amount as of 12/31/21: \$0.00

Project Expenditure Category: 6.1, Provision of Government Services

##### Project overview

- St. Louis County calculated its 2020 Revenue loss over the 2019 base as \$94,231,600.00. The calculation was made under Treasury provided guidance. The County Council approved the use of \$80,000,000.00; \$50,000,000.00 used for public safety wages and operating expenses and \$30,000,000.00 used for public health wages and operating expenses.

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#### PROJECT 9: ARPA COMPLIANCE AND LEGAL CONSULTATION

##### County Counselor/Department of Administration

Expenditure amount as of 12/31/21: \$1,000,000.00

Project Expenditure Category: 7.1, Administrative Expenses

##### Project overview

- Funding will be used to administer the SLFRF program to address and ensure compliance with legal, regulatory, and other requirements relating to our use of funds and response to COVID-19 pursuant to the requirements outlined under SLFRF. These administrative services are critical to the County's compliance with the applicable law for use of SLFRF funds and will be part of the internal controls that are critical to proper management and administration.

## PERFORMANCE REPORT

Required performance metrics for eligible projects are included for each project in the Project Inventory section of this document where required.

## REQUIRED PERFORMANCE INDICATORS AND PROGRAMMATIC

Required performance indicators and programmatic are included for each project in the Project Inventory section of this document where required.

## INELIGIBLE ACTIVITIES: TAX OFFSET PROVISION (STATES AND TERRITORIES ONLY)

This Section does not apply to St. Louis County.